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Bib Data Sheet

CONFIRMATION NO. 5333

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|---|---|---|------------------------|-------------------------|
| SERIAL NUMBER 10/078,333 | FILING DATE RULE | CLASS 340 | GROUP ART UNIT 2632 | ATTORNEY DOCKET NO. |
| APPLICANTS Johnny Hilton-Bey, Baltimore, MD; | | | | |
| ** CONTINUING DATA ***** <i>P.W.B. none</i> | | | | |
| ** FOREIGN APPLICATIONS ***** <i>P.W.B. none</i> | | | | |
| ** SMALL ENTITY ** | | | | |
| Foreign Priority claimed | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY MD | SHEETS DRAWING | TOTAL CLAIMS 1 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | INDEPENDENT CLAIMS 1 |
| Verified and Acknowledged | <i>D.W.B. none</i> Examiner's Signature | <i>D.W.B.</i> Initials | | |
| ADDRESS Johnny Hilton-Bey 5628-D Loch Raven Blvd. Baltimore ,MD 21239 | | | | |
| TITLE Intruder monitor system | | | | |
| FILING FEE RECEIVED 370 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |

State what the intruder
 monitor system is... P shouldn't be in a paragraph
 description form.
 Please see the claims in the
 provided prior art.